100

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No. 142

PLACE OF BIRTH

County Gila State Ariz

District or Township or Village

City Globe No. Corner Bailey & First Ward

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eula May Miller { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female | To be answered ONLY in event of plural births. | 4. Twin, triplet or other | 5. No., in order of birth 3 | 6. Legitimate? Yes | 7. Date of birth Nov 24 1932 (Month Day Year)

8. FATHER

Full name Walter E Miller

9. Residence (Usual place of abode) If non-resident, give place and state. Globe

10. Color or race White | 11. Age at last birthday 61 (Years)

12. Birthplace (city or place) Kentucky (State or country)

13. Occupation Nature of industry Laborer.

14. MOTHER

Full maiden name Nellie Nellie Murr.

15. Residence (Usual place of abode) If non-resident, give place and state. Globe

16. Color or race White | 17. Age at last birthday 38 (Years)

18. Birthplace (city or place) Missouri (State or country)

19. Occupation Nature of industry Housewife

Number of children of this mother 3 (as of time of birth of child herein and including this child.)

(a) Born alive and now living 3

(b) Born alive but now dead 0

(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I attended the birth of this child, who was Alive (Born alive or stillborn) at 4 a.m. on the date above stated.

Signature R. D. Kennedy (Physician or Midwife)

Address Globe

Filed 12/7 1932 S. E. Wightman Registrar

Then name added from supplemental report 549-1124-549 (Month, day, year)

Registrar

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of ...